

University of Colorado Employee Services

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This document is a guide. It only briefly describes the benefits available at retirement through the University of Colorado for participants in Public Employees Retirement Association DB Retirement Plan. Complete information on benefits eligibility, costs and coverage may be obtained from Employee Services or online at www.cu.edu/benefits. If there are any discrepancies between the information contained in this guide and the master plan documents (i.e., insurance carrier contracts), then the master plan documents will govern. Any applicable Employee Services policies and procedures or federal and state laws will also govern. The benefits described in this guide may be changed, modified or eliminated at any time.

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Part 1: Overview and Eligibility for CU PERA Retiree Benefits

Overview of PERA retiree benefit options

Retiree benefits currently include medical and dental plans for qualifying retirees and their dependents who are **non-Medicare eligible** (typically under 65 years old) and life insurance plans for qualifying retirees. Below is a brief overview. Please refer to Part 2 of this guide and the [retiree website](#) for detailed information.

University medical and dental retiree plans: The university currently offers medical and dental plan options for PERA DB retirees and their dependents who are **non-Medicare** eligible.

Medicare eligibility factor:

- If you are Medicare eligible at the time of retirement, you and your dependents are **not** eligible for CU retiree medical and dental benefits. Consult with PERA for healthcare options. In addition, you will need to contact Social Security/Medicare to start the process to enroll in Medicare Part A and Part B. Resources are available on the [Medicare website](#).
- If you become Medicare eligible after retirement, you and your dependents' CU retiree medical and dental benefits will terminate at the end of the month prior to your Medicare eligibility date. Please consult with PERA for healthcare options.
- If you are NOT Medicare eligible but your dependent is Medicare eligible or becomes Medicare eligible in the future, CU can continue medical benefits **only for you**, the non-Medicare employee, but may continue dental benefits for you and your dependents. Please contact Employee Services and PERA to be informed about your options.

University basic life insurance: If enrolled before retirement, you can elect to continue your CU Basic Life Insurance Plan. It is reduced to a \$3,000 benefit at the time of retirement. Accidental death and dismemberment coverage is not available as part of retiree basic life insurance.

University optional life insurance: If actively enrolled in optional life insurance before retirement, you may elect to continue up to 25% of the benefit, not to exceed \$9,500. Accidental death and dismemberment coverage is not available as part of retiree optional life insurance.

Two CU employees in one household: When two members of a household are employed and/or retired with the university and/or university affiliates:

- You and your dependents cannot be covered as both an employee/retiree and a dependent for any university medical and/or dental plan.
- A retiree may be insured as both a retiree and a spouse of an active employee up to a maximum combined optional life insurance benefit of \$500,000.

Each parent employee/retiree may enroll in different plans and may enroll different dependent children under their coverage.

Note: The life insurance policies have neither a cash value, nor provisions for loans. Active employee's life insurance policies may qualify for portability or conversion at retirement.

Eligibility requirements

To determine eligibility for CU retiree benefits, Employee Services will consider several factors.

- **CU years of service:** You must have a minimum of five CU qualifying years of service.
- **PERA requirements:** You must meet PERA's age and years-of-service requirements to officially retire with PERA. If you elect to receive a lump-sum distribution from PERA or postpone receiving your retirement pension to a later date, you will be resigning (not retiring) from CU and therefore, ineligible for CU retiree benefits.
- **Medicare:** CU PERA retirees, spouses and dependents who are Medicare eligible are NOT eligible for CU retiree medical and dental benefits. Please contact PERA for information on their plans.

CU qualifying years of service

When calculating your CU qualifying years of service, Employee Services will consider several factors:

- A service year equals each year you worked for the university in a benefits eligible position that was 20 hours a week or greater.
- Eligible employment does not include years in a temporary or non-benefits eligible position or those less than 20 hours per week.
- A full year of service is calculated as such:
 1. The minimum 5 years of service must be complete years (based on hire date).
 2. After the completion of five years, the university rounds up to the next year of service provided you are six months or greater into the next retirement year.

Example: If you worked 8 years 7 months, the university will round up to 9 years of service.

- Service years do not have to be consecutive.
- You may be asked to provide a letter from human resources verifying employment years if you worked prior to the year 2000.

Regular and early retirement requirements

Your years of service determine how much CU will continue to contribute to benefit premiums.

Regular retirement: Employees who have worked for the university in a benefits eligible position (20 hours or greater) for at least 20 years will receive 100% of the university contribution toward retiree medical, dental and basic life insurance premiums.

Early retirement: Employees who have worked for the university in a benefits-eligible position (20 hours or greater) for a minimum of 5 years, but fewer than 20 years are eligible for early retirement and will receive a prorated percentage of the university's contribution toward retiree medical, dental and basic life insurance premiums.

Calculating retiree premiums

Regular retirement: If you meet the eligible years of CU service requirement for regular retirement, CU will pay 100% of the employer portion of your CU retiree benefit monthly premiums. You, the retiree, will pay the retiree portion.

Example monthly premium: If you enroll as a retiree and add your spouse to the health plan below, the total cost of the monthly premium would be \$1,161.00. If you qualify for regular retirement, CU will contribute \$996.00 to the monthly premium, and you would be responsible for the \$165.00.

Sample retiree rate sheet*

Health Plan	Total Rate	CU	Retiree
Retiree only	\$572.50	\$533.00	\$39.50
Retiree + Spouse	\$1,161.00	\$996.00	\$165.00
Retiree + Child(ren)	\$1,054.00	\$954.50	\$99.50
Family	\$1,650.50	\$1,435.00	\$215.50

*The rates displayed here are for illustrative purposes only.

Early retirement: If you meet the eligible years of service requirement for early retirement, CU will pay a percentage of the employer portion of your CU retiree benefit monthly premiums. You, the retiree, will pay the remaining percentage plus the retiree portion.

Determining your prorated CU contribution:

If you have met the minimum of 5 years of service, but have not reached 20, divide your actual years of service by twenty in order to determine your prorated CU contribution.

Find your prorated CU contribution: Say you have 12 qualifying CU years of service. In this example, you would divide your 12 years by the required 20 for a prorated amount of 60%. This 60% will remain in effect for the duration of your retirement.

Example monthly premium for early retirement: If you enroll as a retiree and add your spouse to the health plan below, the total cost of the monthly premium would be \$1,161.00. If you qualified for early retirement with a prorated 60%, CU would pay 60% of the \$996.00, which equals \$597.60. You would be responsible for the remaining 40% (\$398.40) in addition to the retiree portion of \$165.00, totaling a monthly premium of \$563.40.

Sample retiree rate sheet*

Health Plan	Total Rate	CU	Retiree
Retiree only	\$572.50	\$533.00	\$39.50
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Retiree + Child(ren)	\$1,054.00	\$954.50	\$99.50
Family	\$1,650.50	\$1,435.00	\$215.50

*The rates displayed here are for illustrative purposes only.

Schedule your appointment to retire

Schedule a meeting with a benefits professional by filling out the Retirement Ready Application

1. Log in to your **employee portal**.
 2. Open the **CU Resources** drop-down menu and select **Forms**.
 3. Click the **Benefits** tile, then click the **Retirement Ready Application** tile.
- During your meeting, you will discuss your eligibility for CU retiree benefits, go over the medical, dental and life insurance plans available to you and your dependents, discuss any tax deferrals on your sick and vacation payout, and review the enrollment process and deadlines.
 - Contact PERA to obtain proof that you are eligible to retire with PERA and begin the retirement process. You will need this documentation for consideration for CU retiree benefits.
 - Please notify your supervisor/department head since they need to process your final check and calculate any sick and/or vacation payouts.

Failure to take action

If you are eligible for retiree benefits with the university and you do not take action to enroll in benefits within 31 days of your date of termination, the following defaults will apply:

- **Medical and dental:** Plans are permanently waived, and you forfeit all rights to enroll in CU retiree healthcare benefits at a future date.
- **Basic life insurance:** Your basic life insurance will be permanently waived, and you forfeit all rights to enroll in this CU retiree benefit at a future date.
- **Optional life insurance:** Your optional life insurance will be permanently waived, and you forfeit all rights to enroll in this CU retiree benefit at a future date.

Transitioning to CU retiree benefits

Once your department terminates your active, benefits-eligible position, and you have completed all the paperwork necessary for retirement, you are now an official CU retiree. The following section walks you through what happens to your active benefits and introduces you to your retiree benefits.

Ending active employee benefits

All your **active employee benefits** – medical, dental, vision, short-term disability, long-term disability, basic and optional life insurance, accidental death & dismemberment, flexible spending accounts and retirement plans contributions – **will end** on the last day of the month in which you retire. Certain benefits are eligible for continuation of coverage under COBRA* and more information can be found on the [COBRA website](#). You will receive a COBRA* packet from ASI COBRA (phone 1-800-659-3035), our third party administrator, in 7-10 days following termination of your active position and benefits.

- **Medical and Dental:** These benefits are eligible to continue under COBRA*. However, if you are signing up for benefits through the university or other group insurer **do not** sign up for COBRA*. You cannot have COBRA **and** the CU Retiree medical and/or dental plan.
- **Vision:** Vision coverage is eligible to continue under COBRA*, and you may enroll once you receive your COBRA packet from ASI COBRA.
- **Health Care Flexible Spending Account (HCFSA):** You can incur expenses up to the last day of your active coverage for the full pledged amount. This benefit is eligible for continuation of coverage under COBRA* until the end of the plan year** on an after-tax basis for contributions, provided there is a positive balance in your HCFSA account at time of retirement. For claims or other information, contact ASIFlex on the [ASIFlex website](#) or at 1-800-659-3035. Please remember that if you do not incur eligible expenses and/or file a claim for reimbursement by the deadlines, these funds will be forfeited.
- **Dependent Care Flexible Spending Account (DCFSA):** This benefit is not eligible for continuation under COBRA* however, you may be reimbursed for eligible expenses prior to your benefits ending date** from funds remaining in your account at the time of your retirement. The deadline to send claims for reimbursement is November 15** of the Plan Year. Please remember that if you do not incur eligible expenses and/or file a claim for reimbursement by the deadlines, these funds will be forfeited.
- **Health Savings Account (HSA):** If you have an HSA with the university, please contact our HSA third party administrator, on the [Optum Bank website](#) or at 1-844-326-7967 for information on continuing your HSA account.
- **Life insurance:** This benefit is not eligible for COBRA. However, you may convert your policies by contacting our insurance carrier, The Standard Insurance Company at 1-800-378-4668 within 31 days of your termination date. Certain restrictions may apply.
- **PERA life policy:** This may continue through automatic deduction from your PERA retirement benefit. Contact PERA for more information.
- **Disability plans:** Long-term and short-term disability coverage will end and are not eligible for conversion or COBRA*.

***COBRA (Consolidated Omnibus Budget Reconciliation Act):** A federal law that allows you and your covered dependents to stay on an employer-sponsored health plan. The Department of Labor requires the university to send COBRA information to all employees who terminate active employment, and who were enrolled in medical, dental, vision and health care flexible spending account plans.

****Ending date:** If your DCFSA benefit is active at the end of the plan year (06/30), you are eligible for the grace period, meaning September 15 to incur expenses, and November 15 to submit claims.

Beginning retiree benefits

- **Retiree benefits:** If you elected retiree benefits, your retiree medical, dental and life insurance coverage will begin the first day of the month following the termination of your active employee benefits. However, keep in mind that the process of terminating your active employee benefits and re-enrolling in retiree benefits may take 7-10 business days. If you enroll in the same medical and dental plans as a retiree, you will not receive new ID cards; your existing cards will continue to work. If you enroll in different medical and dental plans, you will receive new ID cards from the carrier.
- **Billing:** The university will bill you each month for your retiree benefits. Retiree benefit billing is one month in arrears. You will receive your benefits bill around the second week of the month to pay for the coverage received the prior month. For example, you will receive a bill in February to pay for your January coverage. Payment is due by the end of the month in which you receive your bill. You may sign up for e-billing and have the billing statement emailed to you each month.
- **Paying for your university retiree benefits:** You may choose to have the university deduct benefit premiums from your checking or savings account each month. Funds will be debited from your account between the 15th and 20th of each month for the total amount due. This option also pays in arrears – the debit taken in February pays for your January coverage.
- **Imputed income:** The University of Colorado's contribution toward medical and/or dental coverage for your non-qualified tax dependents such as a civil union partner, domestic partner or your partner's dependent(s) is considered imputed income unless you are legally married or claim them as your tax dependent(s) for health care purposes. These benefits are subject to Social Security and Medicare taxes. If you are subject to imputed income for your benefits, you will be billed by Employee Services for taxes and sent a W-2 each year. Imputed income does not apply to domestic partners who have provided a marriage certificate to Employee Services and updated their dependent eligibility status. For more information, please visit the [imputed income website](#).

Changes to your retiree benefits enrollment

You may make eligible changes to your retiree benefits only at designated times:

Open Enrollment: Open Enrollment is generally held in the fall of each year for non-Medicare eligible PERA retirees. Employee Services will inform you about the Open Enrollment period and where to find detailed information on the Employee Services website. This may change from year to year, so it is essential to review your retiree options each year.

Life or family status changes: Certain life changes may be considered qualifying life changes, allowing limited changes to your benefits elections. Internal Revenue Code (IRC) regulations require that these changes be made within 31 days of the qualifying life event. If you are expecting or experiencing a qualifying life change event, contact an Employee Services benefits professional immediately to discuss the process, required forms and deadlines.

Medicare eligible: When you turn 65 or become Medicare-eligible, coverage for you and your dependents will end the last day of the month before turning 65. When your spouse/dependent becomes Medicare eligible and you, the retiree, are non-Medicare eligible, the coverage for you may continue until you turn 65 however, your dependents' coverage will end the last day of the month before turning 65. Please contact PERA for information on their plans.

Moving out of the plan service area: If you move out of the service area for certain medical plans, such as CU Health Plan Exclusive or Kaiser, you must enroll in another plan that provides service in your new location within 31 days of your move. Contact an Employee Services benefits professional for instructions. If you move, please update your information in your [employee portal](#) or complete and send the [Address Change Form](#) to Employee Services.

Survivor benefits

There are no medical and dental survivor benefits available through the University of Colorado for the dependents of PERA retirees. Contact PERA directly for information regarding survivor benefits.

Other university retiree benefits options

These options are not administered by Employee Services and may vary by campus. Please contact the appropriate office for information.

Retiree Options	Department to Contact
Parking	Campus parking
Email access	Campus IT
Library privileges	Campus library
Office space	Your department
Tuition benefit	Retirees and their dependents are not eligible for this benefit. However, please check with your campus directly for any classes waived for individuals older than 55.
MOVE program	Retirees can remain in the MOVE program if enrolled in a CU medical plan. Dollars earned in the MOVE program will be applied to monthly plan premiums, reducing your premium cost.
Buff OneCard (Boulder)	Boulder Campus website

Returning to work at the university after retirement

If you are planning to return to work at CU, contact Employee Services and speak with a benefits professional before your re-employment to discuss what effect this may have on your retiree benefits. Please consult with PERA about the number of days and hours you are permitted to work as a PERA retiree along with any other restrictions or requirements.

Carrier contact list

Carrier Name	Phone Number	Website
Employee Services benefits professionals	303-860-4200, option 3 Toll free: 1-855-216-7740	www.cu.edu/es
Social Security	1-800-772-1213	www.ssa.gov
Medicare	1-800-633-4227	www.medicare.gov
The Standard Insurance Company	1-800-378-4668	www.standard.com
TIAA	1-800-842-2252	www.tiaa.org/cu
PERA	303-832-9550 Toll free: 1-800-759-7372	www.copera.org
Anthem	1-800-735-6072	www.anthem.com/cuhealthplan
Kaiser	1-877-883-6698	http://my.kp.org/universityofcolorado
Delta Dental	1-800-610-0201	www.deltadentalco.com

Part 2: CU PERA Retiree Benefits Options 2026-2027 Plan Year

[Retiree Rates website](#)

Medical and dental for non-Medicare eligible retiree

If you and your dependent(s) are **not eligible for Medicare**, you have the option of enrolling/continuing in one of four CU Health Plans that are available to CU active employees: CU Health Plan – Exclusive, CU Health Plan – High Deductible, CU Health Plan – Pathway and CU Health Plan – Kaiser. For dental coverage, you may enroll/continue in one of the two plans that are available to CU active employees: CU Health Plan – Essential or CU Health Plan – Choice.

NOTE: CU PERA DB retiree benefits currently include medical, dental and life insurance plans for qualifying retirees and their dependents who **are not eligible for Medicare**. CU PERA DB retirees, spouses and dependents who are Medicare eligible are not eligible for CU retiree medical or dental benefits and should contact PERA for healthcare options.

Medical option 1: CU Health Plan – High Deductible (non-Medicare only)

This plan offers you the widest access to care with Anthem’s Nationwide Network of providers and facilities as well as out-of-network coverage for covered services. You will pay more if you use out-of-network care. There are no copays on this plan. Once you satisfy the deductible, you’ll be responsible for paying the coinsurance until you reach your out-of-pocket maximum. Once this amount is reached, all covered services and prescriptions will be covered at 100%. A primary care physician is not required, and members can refer themselves to doctors of their choice including specialists.

- [CU Health Plan High Deductible – Plan Summary](#)
- [CU Health Plan High Deductible – Plan Booklet](#)

Plan Feature	In-Network	Out-Of-Network
Preventive care	no cost preventive care Preventive Care Guidelines	35% coinsurance after deductible
Deductible	\$1,700 single coverage \$3,400 family coverage (2+members) Any member may contribute to overall deductible.	\$3,400 single coverage \$6,800 family coverage (2+ members) Any member may contribute to overall deductible.
Out-of-pocket limit (per plan year)	\$3,400 single coverage \$6,800 family coverage (2+ members)	\$6,800 single coverage \$13,600 family coverage (2+ members)
Preventative care visit	\$0 coinsurance and no deductible	\$0 coinsurance and no deductible
Office visit	15% coinsurance after deductible	35% coinsurance after deductible
Emergency care	15% coinsurance after deductible	35% coinsurance after deductible

Prescription coinsurance: CVS Caremark is the claims manager for all CU Health Plans administered by Anthem. Please refer to the [CVS Caremark website](#) or plan documents on the [CU High Deductible website](#) for detailed information.

Maintenance medications: Per fill, a maximum of up to 30 days of maintenance medication may be purchased at a retail pharmacy. After 3 fills, CVS retail pharmacies, Costco & Kroger or CVS mail order pharmacy must be used for maintenance medications, for up to 90-day supply to be covered.

Specialty medications: Per fill, a maximum of up to 30 days of specialty medication may be purchased at a retail network pharmacy. After 3 fills, CVS specialty pharmacy must be used for specialty medication to be covered.

Medical option 2: CU Health Plan – Pathway (non-Medicare only)

The Pathway plan is an EPO (Exclusive Provider Organization) plan. With this plan you will have access to high-quality health care in Colorado through Anthem’s established Pathway network. This network includes Rocky Mountain Children’s Hospital, Children’s Hospital Colorado, Boulder Community Hospital, HCA Hospitals, and UCHHealth Hospitals. For out-of-state members, the network includes Anthem’s nationwide PPO provider network. Although it is recommended, you are not required to have a primary care physician, and you can refer yourself to doctors of your choice, including specialists, as long as you stay within the Pathway Network. This Pathway network does not offer out-of-network coverage, with the exception of emergency and some urgent care coverage. Visit the [Anthem website](#) to learn more and find a doctor on the [find a doctor website](#).

- [CU Health Plan – Pathway Plan Summary](#)
- [CU Health Plan – Pathway Plan Booklet](#)

Plan Feature	What Participant Will Pay
Preventive care	no-cost preventive Preventive Care Guidelines
Deductible	\$500 per individual (each member must meet their \$500) \$1,000 family maximum 10% coinsurance after deductible
Out-of-pocket limit (per plan year)	\$10,600 individual; \$21,200 family (per plan year)
Office visit	primary care physician - \$30 per visit specialist - \$40 per visit urgent care - \$30 per visit office visit copays do not apply toward the deductible
Emergency care	\$250 copay (waived if admitted)
Prescription drugs	CVS Caremark is the claims manager for all CU Health Plans administered by Anthem. Please refer to the CVS Caremark website or plan documents on the CU Pathway website for detailed information.
Maintenance medications	Per fill, a maximum of up to 30 days of maintenance medication may be purchased at a retail pharmacy. After 3 fills, CVS retail pharmacies or CVS mail order pharmacy must be used for maintenance medications, for up to 90-day supply to be covered.
Eye exam	Pathway covers a routine eye exam with a \$20 copay in-network along with discounts for hardware and other services.

Medical option 3: CU Health Plan – Exclusive (non-Medicare only)

Under this plan, you would not need to choose a Primary Care Physician (PCP) within the Health Maintenance Organization (HMO) network, although it is recommended to have a PCP. The Exclusive Plan is a limited-network plan with quality care throughout Colorado. There is no out-of-network coverage, except for urgent and/or all emergency care. This plan is administered by Anthem. If you plan to retire outside of Colorado, this plan's network may not be suitable.

- [CU Health Plan Exclusive – Plan Summary](#)
- [CU Health Plan Exclusive – Full Plan Booklet](#)

Plan Feature	What Participant Will Pay
Preventive care	no-cost preventive Preventive Care Guidelines
Deductible	\$500 per individual (each member must meet their \$350) \$1,000 family maximum
Out-of-pocket limit	\$10,600 individual; \$21,200 family (per plan year)
Office visit	primary care physician - \$30 per visit specialist - \$40 per visit urgent care - \$30 per visit office visit copays do not apply toward the deductible
Emergency care	\$250 copay (waived if admitted)
Prescription drugs	CVS Caremark is the claims manager for all CU Health Plans administered by Anthem. Please refer to the CVS Caremark website or plan documents on the CU Exclusive website for detailed information.
Maintenance medications	Per fill, a maximum of up to 30 days of maintenance medication may be purchased at a retail pharmacy. After 3 fills, CVS retail pharmacies add Costco & Kroger or CVS mail order pharmacy must be used for maintenance medications, for up to 90-day supply to be covered.
Out-of-state dependent children	If you have dependent children living out-of-state and covered by the Exclusive plan, you may enroll them in CU Health Plan - Exclusive Guest Membership .
Eye exam	Exclusive covers a routine eye exam with a \$20 copay in-network along with discounts for hardware and other services.

Medical option 4: CU Health Plan – Kaiser (non-Medicare only)

Under this Kaiser administered plan, you can choose any primary care physician within one, statewide network. You will use a primary care physician to direct your care. In most cases, referrals are required. However, you do not need a referral to receive care from internal medicine generalists, pediatrics, optometry, psychiatry, OB/GYN, chiropractic and acupuncture services. Out-of-network care is not covered except for emergency and/or some urgent care. Although this plan does not have a deductible, many services will have a copay. Copays are detailed on the plan summary. Research covered areas before enrolling, there are certain zip codes in Colorado that are not within the Kaiser network.

- [CU Health Plan Kaiser – Plan Summary](#)
- [CU Health Plan Kaiser – Plan Booklet](#)

Plan Feature	What Participant Will Pay
Preventive care	no cost preventive care Preventive Care Guidelines
Deductible	no deductible (\$0)
Out-of-pocket limit (per plan year)	\$10,600 individual; \$21,200 family (per plan year)
Office visit	primary care physician - \$30 per visit specialist - \$40 per visit urgent care - \$30 per visit
Emergency care	\$250 copay (waived if admitted)
Prescription drugs	Please refer to the Kaiser website or plan documents on the CU Kaiser website for detailed information on prescription drugs.
Specialty medication	Specialty medications include self-administered injectables up to a maximum of \$100 per Rx. 20% coinsurance up to a 30-day supply at Kaiser retail network pharmacy locations. 20% coinsurance up to a 30-day supply at the Kaiser mail order pharmacy.
Eye exam	Kaiser covers routine eye exams (eye refractions provided by Kaiser network optometrists (\$30 copay) or ophthalmologist (\$40 copay) to determine the need for vision correction.

Dental option 1: CU Health Plan – Essential Dental (non-Medicare only)

This Delta Dental plan grants access to providers only within the Delta Nationwide Preferred Provider Option (PPO) Network. You are required to use a Delta PPO provider, or there is no coverage. Once you meet the \$25 per person plan deductible, you'll be responsible for a percentage of your covered care costs, known as coinsurance. This plan offers additional orthodontic coverage for children, age 19 and under.

- [CU Health Plan Essential – Plan Summary](#)
- [CU Health Plan Essential – Plan Booklet](#)

Plan Feature	What Participant Will Pay
Plan type	PPO Provider Network Delta Website Find a Dentist website
Plan year benefit	\$2,000 per person
Deductible (children under 13 excluded)	\$25 per person
Preventive & diagnostic services	0% coinsurance and no deductible
Basic services	30% coinsurance payment
Major services	50% coinsurance payment
Orthodontics	50% coinsurance payment – \$2,000 lifetime limit
Orthodontics for adults (19 and older)	Not covered

Dental option 2: CU Health Plan – Choice Dental (non-Medicare only)

Under this Delta Dental Plan, you may see any dentist in or out of Delta’s network. However, your out-of-pocket costs are lower when you use a dentist on Delta’s Preferred Provider Option (PPO) list. Once you meet the deductible, you will be responsible for a percentage of your covered costs, known as coinsurance. This plan offers additional orthodontic coverage for all plan participants.

- [CU Health Plan Choice – Plan Summary](#)
- [CU Health Plan Choice – Plan Booklet](#)

Plan Feature	PPO Provider Network	Premier Provider Network	Non-Participating
Plan type – in and out of network coverage	PPO Provider Network Delta Website Find a Dentist website	Premier Provider Network Delta Website Find a Dentist website	Non-Participating (balance billing may apply)
Plan year benefit	\$2,500	\$2,500	\$2,500
Deductible (children under 13 excluded)	\$25 per person	\$75 per person	\$75 per person
Preventative & diagnostic services	0% coinsurance no deductible	0% coinsurance no deductible	The non-participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the dentist.
Basic services	20-25% coinsurance	40-50% coinsurance	40-50% coinsurance
Major services	25% coinsurance	60% coinsurance	60% coinsurance
Orthodontics (all ages)	40% coinsurance after deductible	60% coinsurance after deductible	60% coinsurance after deductible

Life insurance options

CU's life insurance policies can help provide coverage for your family in the event of your death. You will elect your life insurance options at the time of retirement. Medicare eligibility does not impact eligibility for life insurance.

Retiree Basic term life insurance

All eligible retirees who were enrolled at the time of their retirement are eligible to continue enrollment in the Retiree Basic Term Life Insurance administered by [The Standard Insurance Company](#). This plan must be elected at the time of retirement. If you waive this plan, or fail to act within 31 days of separation, the decision is permanent. You cannot re-enroll later.

- **Coverage:** This plan provides \$3,000 of coverage. The plan does not include an accidental death and dismemberment (AD&D) benefit. See the [Group Life Insurance policy](#) on the website.
- **Rates:** The premium is paid by the university if you are eligible for regular retirement. It will be pro-rated if you are eligible for early retirement.
- **Beneficiaries:** At the time of enrollment, you will be asked to designate your beneficiary(ies).
- **Claim assistance:** To file a claim, please call Employee Services at 303-860-4200, option 3, and speak to a benefits professional.

Retiree Optional life insurance

All eligible retirees who were enrolled in the Optional Term Life plan at the time of their retirement may elect up to 25% of their optional life insurance, not to exceed \$9,500. This plan must be elected at the time of retirement. If you waive this plan, or fail to act within 31 days of separation, the decision is permanent. You cannot re-enroll later.

- **Coverage:** You may not add or increase coverage after the date of your retirement. You may reduce or terminate coverage at any time. This plan does not include an accidental death and dismemberment (AD&D) benefit. See the [Group Life Insurance Policy](#).
- **Rates:** The premium is paid by you, the retiree, and it is based on age and tobacco usage. A rate discount is based on non-tobacco use in the last 12 months and can be updated at every Open Enrollment. See the [rate sheet for non-Medicare eligible retirees](#).
- **Beneficiaries:** At the time of enrollment, you will be asked to designate your beneficiary(ies).
- **Claim assistance:** To file a claim, please call Employee Services at 303-860-4200, option 3, and speak to a benefits professional.

Glossary

Balance Billing: When a provider, mainly out-of-network, bills you for the balance remaining on the bill that your plan does not cover. This amount is the difference between the actual billed amount and the allowed amount.

For example, if your out-of-network dentist charges \$100 for a filling and the allowed amount by our insurance is \$80, the provider will bill you for the remaining \$20.

Basic Dental Services: Includes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions). Refer to each plan's summary for further details.

Beneficiary: A person or an organization you name to receive death benefits. A beneficiary does not need to be a legal dependent.

Coinsurance: The portion of expenses that you have to pay for certain covered services, calculated as a percentage.

For example, if the coinsurance rate is 20%, then you are responsible for paying 20% of the bill, and the insurance company will pay 80%.

Deductible: An amount that you are required to pay before the plan will begin to pay for covered services.

- In some plans, the deductible does not apply to certain services that have a copay such as office visits or prescription drugs like in the CU Exclusive Medical Plan.
- A deductible may be an *individual deductible*, meaning each member must meet a specific amount, (e.g., the CU Exclusive has a \$250 deductible per individual) or it can be an *aggregate deductible* where one or all members may contribute to the family deductible (e.g., the CU High Deductible has a \$3,000 deductible for 2+members).

Early Retirement for PERA DB: A Faculty, University Staff or Classified staff member who is eligible for PERA retirement but does not meet the combined age and years of CU service for regular retirement, but is eligible to receive a pro-rated amount of the University of Colorado contribution towards retiree insurance benefits upon retirement.

Emergency Care: A medical or behavioral health condition that must be treated at the emergency department of a hospital due to an illness, injury, symptom or condition severe enough to risk serious danger to your health (or, with respect to a pregnant woman, the health of her unborn child) if you didn't get medical attention. Such conditions may include but are not limited to chest pain, stroke, poisoning, serious breathing problems, unconsciousness, severe burns or cuts, uncontrolled bleeding, seizures and other acute conditions.

Major Dental Services: Includes crowns, bridges, partials, dentures, implants. Refer to each plan's summary for further details.

Medicare Parts A and B: Medicare is the federal health insurance program, typically for people age 65 or older. These programs, known as Original Medicare, cover certain medical expenses. While Medicare Part A helps cover hospital expenses and inpatient care, Part B help covers medical expenses such as doctor visits and outpatient care. Please refer to [the Medicare website](#) for detailed information.

Orthodontic Coverage: A treatment that aligns a person's teeth, which includes the use of braces.

Out-of-Pocket Limit/Maximum (OPM): The maximum amount of money you will pay for covered medical services during the plan year. These costs include deductibles, copays and coinsurance. This maximum is designed to protect you from catastrophic health care costs. After you reach this amount, the plan will pay 100% of the allowed amount.

Regular Retirement for PERA DB: A Faculty, University Staff or Classified staff member who is eligible for PERA retirement and meets the combined age and years of CU service to receive 100% of the University of Colorado contribution towards retiree insurance benefits upon retirement.

Urgent Care: An unexpected episode of illness or injury requiring treatment. The condition is not life threatening and does not require the use of an emergency room at a hospital.